## L19000004898

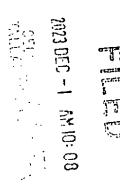
(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(2000ment name)
Continue Continue of Chapter
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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	Registration Section 3 Division of Corporations	•	
SUBJEC	AlphaPrime Consulting LLC- C		
		Name of Limite	d Liability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered	l Office Change a	and fee(s) are submitted for filing.
Please re	turn all correspondence concernir	ng this matter to t	the following:
Janis L. F	fall		
	Name of Person		<del></del>
AlphaPrii	ne Consulting LLC		
	Firm/Company		<del></del>
1719 Ren	wick Way		
	Address	,	
The Villa	ges FL 32162		
	City/State and Zip Co	ode	<del></del>
	econsult@gmail.com		
E-n	iail address: (to be used for future	annual report no	otification)
For furth	er information concerning this ma	itter, please call:	
Janis Hall		252 at (	676 3103
	Name of Person		Area Code & Daytime Telephone Number
<u> </u>	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
٦	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303
ł	Enclosed is a check for the follow	wing amount:	
i	S25 Filing Fee		\$55 Filing Fee & Certified Copy

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: AlphaPrime Cons	sulting							
2. (a)	AlphaPrime Consulting LLC		(b) AlphaPrime Consulting LLC						
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(3)	N	Aailing addres (Note: MA	ss of limite			
	1719 Renwick Way		1719	Renw	ick Way				
	The Villages FL 32162		The V	√illage	es FL 32162				
	14November 2023		L19000	00048	98				
3.	Date of filing/registration in Florida	4.			Document	number			
5. (a)	Registered Agents Inc								
,. (a)	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. o	of State	<del>.</del> ::				
	4030 Wake Forest Road								
	Registered Office Address (MUST BE FLORIDA STREET	ADDR	ESS)		•				
	Suite 349								
	Raleigh , FI	2760 <u>9</u>	)	_	·	SEC	2023 DEC -	<del>्यहुम्</del> य	
(b)	JanisHall					:	EC -	# II	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:			<u>'</u> . '	7720	FFF	
	1719 Renwick Way						AM 10: 00		
	NEW Registered Office Address:					ص در	Ö		
	The Villages	3216	······································	-	-				
	, FI	L	<u></u>		-				
change igent v was/wa he art	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members included organization or the operating agreement of the	e regis ability of the limite	tered offic company limited lia	ce and y, it is ability y com	I the busine hereby con company pany.	ess office offirmed to or as oth	e of the i that the ierwise j	registered change(s) provided in	
Signa	dire of a member or authorized representative of a member				Printed or ty	ped name	of signee		
provisi the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I dim writing of this change	nerto	rmance of	f mv n	hities and	Lam fam	uliar wi	th and accent	
Signatu	goof Registered Agent								

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00